

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)

Office of Test Accommodations (215) 590-9509

JAN 13 2003

Questionnaire for USMLE Step 1 and 2 Applicants Requesting Test Accommodation Disability Services

You must provide supporting documentation verifying your disability. The documentation must be from a qualified professional. Mail your completed questionnaire and documentation to:

Students / Graduates of US & Canadian Medical Schools

Testing Coordinator, Office of Test Accommodations, National Board of Medical Examiners,
3750 Market Street, Philadelphia, PA 19104-3190.

Students / Graduates of Foreign Medical Schools

Test Accommodations Coordinator, Educational Commission for Foreign Medical Graduates
3624 Market Street, Philadelphia, PA 19104 USA.

Please type or print.

1. Accommodations are requested for the following Step examination:

Step 1

Step 2

Year: 2003

2. Name SCHEIBE TRENTON J.
Last First Middle Initial

3. Gender: Male Female 4. Date of Birth 12/19/68

5. SS# 3 9 7 - 8 8 - 7 2 9 3 6. USMLE # 5 - 0 5 8 - 6 0 3 - 1
(if known)

7. Address 4715 DUNLEIGH CT.
Street

SUGARLAND TX 77479
City State/Province Zip/Postal Code

USA (715) 387-3227 (parent's home)
Country Daytime Telephone Number

8. Medical School UNIVERSITY OF TEXAS - HOUSTON MEDICAL SCHOOL

9. Nature of the Disability:

- Hearing Disability
- Psychiatric Disability
- Learning Disability
- Visual Disability
- Physical Disability
- Other READING DISORDER (DSM-IV 315.0)

10. In order to document your need for accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing your disability and its impact on your daily life and educational functioning. Do not confine your comments to standardized test performance; rather discuss your overall functioning.

- CONTINUED -

5/2000

Exhibit No. 1

11. How long ago was your disability first professionally diagnosed?

- less than 1 year
- 1-2 years
- 2-4 years
- 5 or more years

12. What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the disability.

EXTENDED TESTING TIME

13. If you are requesting additional testing or break time, please indicate below (select one):

- time and a half
- double testing time
- extra break time
- other _____

14. Do you require wheelchair access at the examination facility?

- Yes
- No

If you require an adjustable height table, please indicate the number of inches from the floor N/A

15. Prior classroom or test accommodations that you have received:

A. Standardized Examinations

- Medical College Admission Test (MCAT) Month/Year _____

Accommodation received _____

(If extra time, note amount given _____)

- Other Month/Year _____

Accommodation received _____

(If extra time, note amount given _____)

B. Medical School

• Yes

• No

Accommodation received DOUBLE TESTING TIME

Date approved 3/02

If yes, have an appropriate official at your medical school complete the enclosed certification form.

C. College • Yes No

If yes, accommodations received: _____

D. Secondary or elementary school • Yes No

If yes, accommodations received: _____

16. Authorization:

If clarification or further information regarding the documentation provided is needed, I authorize the NBME or ECFMG to contact the professional(s) who diagnosed the disability and/or those entities which have provided me test accommodations. I authorize such professional(s) and entities to communicate with the NBME or ECFMG in this regard to provide NBME or ECFMG with such clarification and/or further information.

Signature

Lauri J. White

Date 1/6/03

5/2000

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)
Certification of Prior Test Accommodations
Office of Test Accommodations (215) 590-9509

RECEIVED**JAN 13 2003****Disability Services**

To be completed by a medical school official responsible for student disability services.
 Please type or print.

Applicant Name: Trenton J. ScheibeUSMLE ID#: 5 - 0 5 8 - 6 0 3 - 1

Professor of Pediatrics

1. I, Margaret C. McNeese, hold the position of Assoc. Dean of Student Affairs
 Name Title

2. I certify that UTHouston Med. School has officially approved and provided
 Name of Institution
 the following test accommodations for the above applicant beginning on

March 2002

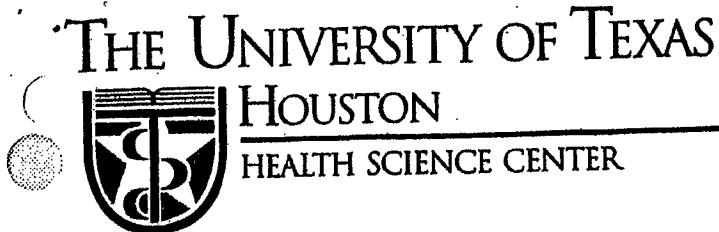
Date (Month/Year)

Accommodation(s) provided Extended time.

Reason for provision of accommodation(s) DSM-IV 315.0
Reading comprehension & speed.

Signature M.C. McNeese Date 1-6-03(713) 500 5160
 Telephone Number

Students / Graduates of US & Canadian Med. Schools	Students / Graduates of Foreign Medical Schools
<p>Mail or fax* this form to: Testing Coordinator, Office of Test Accommodations National Board of Medical Examiners 3750 Market Street Philadelphia, PA 19104-3190</p> <p>Fax Number: (215) 590-9422 * (call to verify receipt) Phone Number: (215) 590-9509</p>	<p>Mail or fax this form to: Test Accommodations Coordinator Educational Commission for Foreign Medical Graduates 3624 Market Street Philadelphia, PA 19104 USA</p> <p>Fax Number: (215) 386-6327 Phone Number: (215) 386-5900</p>



RECEIVED

JAN 13 2003

Disability Services

Mental Sciences Institute
Department of Psychiatry
and Behavioral Sciences

PSYCHOLOGICAL ASSESSMENT LABORATORY

Psychological Assessment

Name: Trenton Scheibe

Assessment: 09/21/01; 10/5/01

DOB: 12/19/68

Ethnicity: Caucasian

Referral Source: Daniel Creson, M.D., Ph.D.

Medical Record #: 201-03-84

Examiner: Cynthia Gonzalez, M.A.

Referral Question: Mr. Scheibe was referred for neuropsychological testing by Dr. Creson because of reading difficulties at U.T. Houston medical school.

Background Information: Mr. Scheibe is a thirty-two year old Caucasian male from central Wisconsin. Mr. Scheibe reported he is a slow reader and has difficulty with timed exams. He is currently in his fourth year of medical school. However, he failed his third year board exam for internal medicine. According to Mr. Scheibe he failed the first board for the internal medicine rotation and, after a month of remediation classes, was administered the exam again. Unfortunately Mr. Scheibe failed once more, by only two points. This resulted in the failure of the entire rotation.

Mr. Scheibe reported that he passed the required board exams his during his first and second years of medical school. He found these exams to be less difficult because they had fewer clinical vignettes. In general, however, Mr. Scheibe reported that he does poorly on timed standardized tests, especially those requiring much reading. For example, although his ACT and SAT scores were not excellent, they were good enough to get him into a university. On the SAT, his verbal subtest score of 490 (55th %tile) was significantly lower than his mathematics score of 620 (75th %tile). He reported similar test results for the LSAT, GMAT, and MCAT in which scores were not excellent but good enough to get him into a program of study. Again, on these standardized tests Mr. Scheibe's verbal composite or subtest scores were significantly lower than other test composite or subtest scores.

Mr. Scheibe attended public school in central Wisconsin and reportedly did very well. His grades were above average throughout high school and his undergraduate studies. Reading and English were challenging for him compared to other classes, however he never received a grade lower than an A until he went to college. He attended Marquette University in Milwaukee, Wisconsin. In 1991 he graduated with a Business degree in Accounting, obtaining GPA of approximately 3.5. After receiving his undergraduate degree Mr. Scheibe was admitted to law school, and completed a year and a half at Marquette before transferring to The University of Houston School of Law, completing his degree in 1994. He then worked for an accounting firm for three years and became cynical about the law. He decided that he wanted to help people in another way and, after rethinking his objectives in life, applied to medical school.

Psychological Assessment

Name: Trenton Scheibe

Medical Record #: 201-03-84

With regards to medical history, Mr. Scheibe reported that when he experiences severe pain or stress his blood pressures drops and heart rate slows causing him to pass out. This has occurred a few times and he remembers specific occurrences at the age of twelve years of age and during his undergraduate studies. He recalled that he passed out when he was an undergraduate and was told that he had suffered a seizure. No other major illnesses or medical conditions were reported, and there is no history of developmental delays or complication during pregnancy or delivery.

Mr. Scheibe indicated a family history of learning disabilities and ADHD. He reported his brother was diagnosed with ADHD when he was young. Mr. Scheibe's family lives in Wisconsin and he gets along well with all family members. He is the only one in his family to finish college. He is currently single and has never been married. There is no reported history of alcohol or drug abuse, either in this individual or his family.

Behavioral Observations: Mr. Scheibe arrived for testing on time and dressed casually and appropriately. Rapport was easily established and he appeared to put forth good effort on tasks presented to him. He was cooperative throughout testing, which was completed in two sessions. These results are thought to accurately represent his current level of functioning.

Tests Administered:

Wechsler Adult Intelligence-Third Edition

Woodcock Johnson-III Test of Achievement

California Verbal Learning Test

Wechsler Memory Scale-Revised: Logical Memory and Visual Reproduction

Nelson-Denny Reading Test

Wisconsin Card Sorting Test

Personality Assessment Inventory

Raw and standard scores for all tests are included as an addendum to this report.

RESULTS

Intellectual: On the WAIS-III, Mr. Scheibe obtained a Verbal IQ of 113 (High Average Range, 81st %tile), a Performance IQ of 124 (Superior Range, 95th %tile), and a Full Scale IQ of 119 (High Average Range, 90th %tile). The difference between Verbal and Performance IQs is significant at the .05 level, although it occurs in 32% of the general population. The difference is in the direction in which Mr. Scheibe reports difficulty, with non-verbally based skills better than verbally based skills. His index scores were 114 (High Average Range, 83rd %tile) on Verbal Comprehension, 125 (Superior Range, 96th %tile) on Perceptual Organization, 125 (Superior Range, 96th %tile) on Processing Speed, and 119 (High Average Range, 90th %tile) on Working Memory. These scores indicate superior abilities in processing and organizing perceptual information, and performing mental operations quickly. On the Verbal Scale he demonstrated a relative weakness in immediate auditory attention. However, his performance

Psychological Assessment

Name: Trenton Scheibe

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on a more complex Wechsler task which measures similar cognitive functions was in the Very Superior Range (Letter-number sequencing). This suggests that Mr. Scheibe may perform better when he is challenged.

Memory: Memory for prose passages was in the Average Range both immediately following presentation and after a 30-minute delay. Scores on a rote verbal memory test, which involves rehearsal, ranged from the Average to the High Average. His learning curve was High Average and consistent with his Verbal IQ. His recall and recognition of the test material following a 20-minute delay were perfect. This pattern suggests that Mr. Scheibe has more difficulty with material presented in context than with rote memorization. Although contextual memory may improve with rehearsal, his memory for the first presentation of the rote word list was still a standard deviation above that for the prose passage. This pattern is consistent with the patient's report of difficulty with long complicated reading passages, such as medical vignettes. Memory for visually presented geometric figures was in the Very Superior Range both immediately and following a 30-minute delay. Again, this is consistent with his reported and measured pattern of non-verbal skills being significantly better than verbal skills.

Executive: On the Wisconsin Card Sorting Test Mr. Scheibe's ability to utilize feedback to form and test hypotheses was excellent and consistent with his Performance IQ.

Academic: Mr. Scheibe was administered the Woodcock Johnson Test of Academic Achievement. On this test Mr. Scheibe's scores on subtests which required oral language and basic reading skills were significantly lower than on his other scores on subtests that required non-verbally based analytic skills or mathematical abilities. For example, Mr. Scheibe's standard scores in Basic Reading and Oral Language were in the Average Range, whereas his Broad Math standard score was in the Superior Range, differing by more than a standard deviation. In addition, his Basic Reading and Oral Language scores are more than a standard deviation below Mr. Scheibe's Full Scale IQ. Specifically, Mr. Scheibe demonstrated a weakness in phonemic (speech sound) perception and generalization, as well as recognizing and utilizing common orthographic patterns (frequently occurring letter clusters). This was especially apparent when it pertained to phonemic decoding in reading. The above described patterns of 1) discrepancy between reading and language scores and measured cognitive ability, 2) a split between reading achievement scores and achievement scores in mathematics, and 3) weakness in the reading decoding, are often seen in individuals with a verbal learning disability. In fact, schools often use discrepancies between achievement and measured cognitive abilities, similar to those exhibited by Mr. Scheibe, as the diagnostic criteria for learning disability in individuals with above average intelligence.

Mr. Scheibe was also administered the Nelson Denny test of reading ability. This test was chosen for two reasons. One is that it has normative data for individuals with Mr. Scheibe's educational level, and secondly, the Nelson Denny has a measure of reading rate that is can also be compared to highly educated individuals. Because reduced processing speed is often the only residual of a reading disability in adults, a measure of this individual's reading speed was crucial. On this task his vocabulary score was in the High Average Range, his Comprehension

Psychological Assessment

Page 4

Name: Trenton Scheibe
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score, however, was in the Average Range, and his Reading speed score was in the Low Average Range. The pattern suggests Mr. Scheibe was reading very slowly given his general abilities, and as a result, had some difficulty answering questions about the material read in a timed format. Given Mr. Scheibe's intellectual ability, scores such as these usually represent a reading disability.

Personality/Adjustment: Mr. Scheibe was administered the Personality Assessment Inventory and the profile obtained was valid. The clinical profile reveals no elevations, which should be considered to indicate the presence of clinical psychopathology.

SUMMARY: Mr. Scheibe is a very intelligent man whose testing profile suggests he is significantly better at processing visual material and mathematical concepts than he is at processing verbal material. This pattern of discrepancy runs throughout the testing profile. For example, although rote verbal memory is at expectation, Mr. Scheibe shows a weakness in contextual memory for verbal information when compared to his memory for visually presented material. On academic testing Mr. Scheibe did relatively poorly on tests of reading and oral language skills, when compared to his concrete and abstract mathematic abilities and his non-verbal analytic abilities. He had particular difficulty with phonemic perception and decoding. In addition, he has a history of discrepancy between verbal and mathematical scores on standardized timed tests. This pattern on neuropsychological and academic testing is typical of adults with reading disorders. Given the above testing, Mr. Scheibe meets the DSM-IV criteria for reading disorder of "A. Reading Achievement as measured by individually administered standardized tests of reading accuracy or comprehension, substantially below that expected given the person's chronological age, measured intelligence, and age-appropriate education", and "B. The disturbance in Criterion A significantly interferes with academic achievement or activities of daily living that require reading skills" (DSM-IV diagnostic code 315.0).

Recommendations:

1. Mr. Scheibe should be allowed extended testing time when taking timed written tests.
2. Mr. Scheibe will probably have to work harder to remember details learned in class especially if material is presented orally. Careful note taking will be critical, and it may be helpful for him to compare his notes to those of his peers. Review of formal written sources should compensate for weakness in oral language processing.

David Lachar
David Lachar, Ph.D.
Professor
Licensed Psychologist

COGNITIVE SUMMARY SHEET - ADULT

Name: Trenton Scheibe
 Age: 32
 Referral: Daniel Creson, M.D., Ph.D.

Date: 09/21/01; 10/5/01
 Med. Rec. #: 201-03-84
 Examiner: Cynthia Gonzalez, M.A.

Intellectual

WAIS III	RS	ACSS
Vocabulary	49	12
Similarities	28	13
Arithmetic	17	12
Digit Span	17	10
Information	21	13
Comprehen.	27	13
Let-num Seq.	18	18
Pic. Comp.	24	15
Dig. Sim-Cod	99	14
Block Design	45	11
Matrix Rea.	24	16
Picture Arr.	17	11
Symbol Srch	47	15
Object Ass		
VIQ		113
PIQ		124
FSIQ		119

PPVT-R	RS	SS

Motor

G. Pegs	RS	SS
Dom.		
N. Dom.		
Tapping		
Dom.		
N. Dom.		
Grip		
Dom.		
N. Dom.		

Visual/Constructional

Beery VMI		
VFD		
Hooper		
JLO		

Language

COWA		
Boston Nam.		
Token Test		
Spch Sds Per		

Memory

WMS-R	RS	SS
LM I	30	109
LM II	26	107
VR I	34	126
VR II	40	133
CVLT		
A 1-5	65	117
1	10	115
5	15	115
B		
A SD/FR	16	130
SD/CR	15	115
LD/FR	16	115
LD/CR	16	115
Disc.	100	100
Other:		

Executive/Attention

TMT A		
TMT B		
WCST		
Cats.	6	106
Pers. Errors	6	108
8 Pers.	8.5	105
FTMS	0	109
Stroop		
C		
W		
C-W		
Inter.		
PASAT		
1		
2		
3		
4		

Academic

WRAT III		
Reading		
Spelling		
Arithmetic		
Nelson/Denny		
Vocabulary	74	115
Comprehen.	54	94
Read Rate	185	88

Other

<u>Academic</u>	<u>SS</u>	<u>G-E</u>
WJ-III		
L-W Ident.	102	17.3
Pass. Comp.	111	>18.0
Calc.	124	>18.0
App. Problem	123	>18.0
Writing Samp	129	>18.0
Story Recall	105	13.2
Story R.Dela	105	
Under. Dir.	99	10.4
Read. Fluen.	110	>18.0
Spelling	118	>18.0
Word Attack	97	8.6
Editing	116	>18.0
Spell. Sound	102	15.6
Oral lang.	101	11.8
Broad Math	125	>18.0
Writ. Expr.	125	>18.0
Broad Write	123	>18.0
Broad Read	111	>18.0
Basic Read	100	13.2
Acad. Skill	117	>18.0
Acad. Apps.	121	>18.0
Phon/Graph	99	11.0

Copy



National Board of Medical Examiners®

3750 MARKET STREET, PHILADELPHIA, PA 19104
TELEPHONE (215) 590-9500

-Confidential-

January 14, 2003

Trenton Scheibe
4715 Dunleigh Ct.
Sugarland, TX 77479

RE: USMLE STEP 1 - 2003 and USMLE STEP 2 - 2003

USMLE ID #: 5-058-603-1

Dear Mr. Scheibe:

We have received your request for test accommodations for **USMLE STEP 1 - 2003 and USMLE STEP 2 - 2003**:

Once our Registration Department verifies receipt of your application, we will begin to process your request. At that time, we will review the documentation received with your request and will contact you if any additional information is necessary. When the review is complete, we will advise you in writing of the decision.

To protect your confidentiality, we do not provide information concerning the decision by telephone. However, if you have any other questions, you may call Disability Services at (215) 590-9869 or (215) 590-9549.

Sincerely,

A handwritten signature in black ink that reads "Shelby R. Keiser".

Shelby R. Keiser
Manager, Disability Services

SRK/CM

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FEB 05 2003

**National Board of Medical Examiners
Consultant Review Form**

Disability Services

Consultant: Samuel O. Ortiz, Ph.D.

Case Review Hours 3.0

Due Date: 04-Feb-2003

Conference Hours _____

Examinee: Scheibe, Trenton J.

USMLE STEP 2- 2003

ID Number: 5-058-603-1

Diagnosis is supported by documentation

Diagnosis is NOT supported by documentation.

Accommodation is supported and justified.

Accommodation is NOT supported and justified.

Comments:

Report Case Review and Conference Hours.
Please fax to the NBME Office of Test Accommodations at
(215) 590-9422 by the Due Date shown above.

Date: 4 February 2003

To: Shelby Keiser

From: Samuel O. Ortiz

Re: Consultation Evaluation

This review concerns Trenton Scheibe, a medical student, who is requesting accommodations on Step 2 of the USMLE due to a learning disability ("Reading Disorder"). Mr. Wilson's specific request for accommodation is for extended time (double) in which to take the exam. Documentation provided in support of this request consists of a letter of application, a copy of a psychological evaluation conducted September-October, 2001 by Cynthia Gonzalez, M.A. and countersigned by David Lachar, Ph.D., and certification of prior accommodations from his medical school. No personal statement was included.

The claim for learning disability by Mr. Scheibe rests entirely upon the diagnosis rendered by Ms. Gonzalez and Dr. Lachar in their report of evaluation. Their claim is that there is sufficient evidence to support a diagnosis of reading disorder according to the criteria specified by DSM-IV under section 315.0. Even a cursory review of the data upon which these individuals based their opinion clearly indicates a substantial lack of understanding regarding the nature, evaluation, and identification of learning disability, significant and unsupportable conceptual errors in data interpretation, and evidence for confirmatory bias. Some of the more egregious errors contained in the report are described below.

It is stated that "the disturbance in Criterion A significantly interferes with academic achievement or activities of daily living that require reading skills." Yet, an examination of all of the individual's scores on the achievement tests administered to Mr. Scheibe reveal that not a single score falls outside the normal or average range of functioning compared to other people of the same age in the general population. Indeed, his lowest score was on the Nelson-Denny reading rate where he obtained a standard score of 88 (21st percentile rank). Given that the Nelson-Denny is at best, a screening instrument not a diagnostic test (because of its inherent unreliability; coefficient = .68), a score of 88 is hardly noteworthy, let alone indicative of any type of significant interference with reading. Moreover, Mr. Scheibe's other scores, including those for all areas related to reading, ranged from a "low" 97 (48th percentile rank) to a high of 129 (97th percentile rank). This indicates functioning that is at the very least "average" to well above average and occasionally superior. There is simply no reasonable way that it could be construed that there is evidence of a significant interference with academic achievement or activities of daily living that require reading skills. Indeed, the report is clear in that Mr. Scheibe's difficulties are quite narrowly defined in that he "has difficulty with timed exams" and "he does poorly on timed standardized tests." Learning disabilities, by definition are not constrained to limited, unique, or such idiosyncratic situational problems.

The report repeatedly ignores one of the components underlying all Learning Disorders as defined in DSM-IV which is that they are disorders of learning usually first diagnosed in

infancy, childhood, or adolescence. It is also noted that "Learning Disorders may persist into adulthood." This illustrates that learning problems have an identifiable pattern beginning in childhood and often still evident in adulthood. Yet, the report notes that although Mr. Scheibe's "ACT and SAT scores were not excellent, they were good enough to get him into a university." Moreover, he obtained scores on the LSAT that "were not excellent but good enough to get him into a program of study." Clearly, without even the benefit of any accommodations, Mr. Scheibe was not only successful on tests that require significant reading and other abilities by any measure, but perhaps he was even more successful than the average person who generally does not get into college, let alone graduate school, and later on medical school. Even in his formative years, the time period where learning problems in reading should have been most evident, it is noted that he had "no history of developmental delays" and clearly stated that "his grades were well above average throughout high school and his undergraduate studies." It is also noted that reading and English were "challenging" for him, yet "he never received a grade lower than an A until he went to college." This is evidence of academic functioning of the highest order and in no way is consistent with the basic nature of what constitutes a learning disorder, particularly as defined by DSM-IV.

The report attempts to ascribe great significance to the presence of a so-called "discrepancy" as the underpinnings of the diagnosis. In fact, it is not simply a single discrepancy that is examined and put forth to this effect, but rather multiple discrepancies. In one case, it is stated that "the difference between Verbal and Performance IQs is significant at the .05 level, although it occurs in 32% of the general population." Rather than dismissing the discrepancy as commonplace (after all, it occurs in nearly 1 out of every 3 people), it is presented as suggestive of a learning problem, particularly in reading or other verbal skills. The real conceptual error in the use of discrepancy can be seen in the statement that "his Basic Reading and Oral Language scores are more than a standard deviation below Mr. Scheibe's Full Scale IQ." This statement fails to account for the fact that Full Scale IQ is not perfectly correlated with any type of achievement. If it were, they would be the same thing and only in need of measurement once. It is in fact unreasonable to expect that IQ should accurately predict achievement because it accounts for no more than 25-35% of the total variance, at best. It cannot, therefore, be used as the "standard" by which to evaluate other test scores. Schools may indeed continue to rely on such discrepancy analysis but only because it's currently encoded into law. The fact remains that the practice has been thoroughly discredited in the literature and that its use as an indicator of learning disability wholly unwarranted.

There is a tendency to look at "relative" differences rather than normative differences which leads to numerous interpretive errors. For example, it is stated that Mr. Scheibe "demonstrated a relative weakness in immediate auditory attention." This claim is based on a scaled score of 10 for Digit Span (50th percentile rank). Not only does Digit Span not measure auditory attention, it is also well within the average range. To call it a weakness, even a "relative" weakness simply because it is lower than some of his other abilities is wrong. From a normative perspective, being at the exact middle of the average range simply cannot be construed as a weakness or dysfunction of any kind. Such a characterization is counter to the very definition of average or normal. In addition, there is no scientific reason why an individual's abilities should all be equally well developed. Rather, the data indicate that 97% of the general population has some type of difference between one ability and another. It is the rare

exception who has evenly developed abilities. Such "scatter" and differences, even significant differences in abilities, is the norm, not the exception and not suggestive of dysfunction. And finally, interpretation of single subtests is psychometrically indefensible. It was noted in the report that on another measure of short-term memory (what Digit Span actually measures), Mr. Scheibe performed within the "Very Superior Range." Rather than concluding that this ability shows no evidence of impairment, the report continues to suggest that this is an abnormality, which it is not.

Another type of discrepancy highlighted in the report involves comparisons between academic abilities. It was reported that Mr. Scheibe's scores on oral language and basic reading skills were lower than his scores on math tests. Again, there is a tendency to view this as abnormal when in fact, it is quite normal that an individual may be better at math than at reading. We often call these people mathematicians, not learning disabled.

The report seems to imply that he read "very slowly" because his general abilities were higher. It should be noted that his reading rate score of 88 (21st percentile rank) places Mr. Scheibe squarely within the average range. There is no reason to believe or expect that his reading rate should be equivalent to, let alone commensurate with his "general abilities." Nonetheless, such performance is well within the average range and does not imply dysfunction of any kind. Moreover, if reading speed were indeed a problem for Mr. Scheibe, it would most likely be reflected in tests of cognitive processing speed. Yet, his Processing Speed Index from the WAIS-III, a reliable indicator of processing speed, was 119 (90th percentile rank) and in the high average range of functioning. According to the report, this indicates "superior abilities in processing and organizing perceptual information, and performing mental operations quickly." If Mr. Scheibe is indeed a slow reader, it is apparently due to factors other than his underlying cognitive skills and most assuredly not the result of any type of learning disability.

Although Mr. Scheibe states that he is a very slow reader, the data suggest that his ability to On page three of the report, there are three patterns put forth as evidence of a learning disability. The first relates to the discrepancy between reading and language scores and measured cognitive ability. I have already discussed the error in this reasoning above. The second pattern concerns the split between reading achievement scores and achievement scores in mathematics. I have likewise addressed the fallacy of such statements in the preceding paragraphs. The third pattern involves weakness in reading decoding which is tied to possible "verbal learning disability." Yet, the "weakness" that is being referenced involves standard scores of no less than 97 (48th percentile rank). Performance that is as good or better than nearly half of all people in the general population seems a poor foundation for describing it as a "weakness." Clearly, the three patterns put forth in the report as suggestive of learning disability are nothing more than errors in logic, interpretation, and conceptualization. The only reasonable conclusion that can be drawn from these data patterns is that Mr. Scheibe is a competent, normal, average reader with abilities that range from average to high average and occasionally superior.

In sum, the interpretations offered in the report are rather piecemeal, linear, unsystematic, and based on a host of errors in conceptual logic and procedural validity. When viewed from a holistic perspective there are several important findings that are evident in the submitted documentation: a) no evidence of any type of cognitive impairment or dysfunction of any kind is

seen in any of the data contained in the evaluation; b) no evidence of any type of impairment or dysfunction in academic skills or knowledge is found in the data contained in the evaluation; c) there is no clear or documented history of difficulties in the development and acquisition of academic skills in the formative and even later years of schooling; d) there is a consistent and impressive record of academic achievement and school-related success including performance on timed tests involving reading (e.g., SAT, MCAT, LSAT) even without the benefit of any type of accommodation; and e) there is no indication in the submitted documentation that Mr. Schiebe has any impairment or dysfunction (significant, mild, or otherwise) that affects his ability to adequately and successfully complete any daily activities that may involve reading.

All of Mr. Schiebe's scores (both cognitive and academic) are well within normal limits and the fact that some of his abilities are very well developed while one of them is "merely" average does not support a diagnosis of learning disability. In the final analysis, the most reasonable conclusion that can be made from the available data and documentation is that Mr. Schiebe is a competent and capable learner who is currently performing in a manner that is comparable to and sometimes better than that of his same age peers in the general population. There is simply no evidence here that his recent (within the last two years) and apparently unique and specific inability to do well on standardized tests under timed conditions is something that could be reasonably construed as a disability. It is more likely that other factors are responsible for his apparent problems in this very circumscribed area of functioning.

Therefore, based on the data available in this case, I am of the opinion that a diagnosis of learning disability cannot be supported. There is no evidence of intrinsic cognitive dysfunction and no evidence of any type of academic dysfunction. At times and under certain circumstances Mr. Schiebe may read slowly, but he is not an impaired reader. As such, in the absence of any additional evidence or data to support his claim, it is my opinion that Mr. Schiebe's request for accommodations are not justified and should therefore be denied.



National Board of Medical Examiners®

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March 24, 2003

Trenton Scheibe
4715 Dunleigh Ct.
Sugarland, TX 77479

RE: **USMLE STEP 1 - 2003**
USMLE STEP 2 - 2003

USMLE ID #: 5-058-603-1

Dear Mr. Scheibe:

We have carefully reviewed your request for test accommodations for the **USMLE STEP 1 - 2003** and **USMLE STEP 2 - 2003**, and accompanying material in accordance with USMLE guidelines for examinees with disabilities and within the framework of the Americans with Disabilities Act (ADA). We consulted an impartial expert in the field of learning disabilities to assist us in reviewing the documentation.

Your evaluators, Ms. Cynthia Gonzalez and Dr. David Lachar, assign you a diagnosis of Reading Disorder according to your 2001 evaluation. Dr. Lachar appears to base this diagnosis on a discrepancy between your average scores in Basic Reading and Oral Language and your superior range scores in Broad Math on the Woodcock-Johnson, Revised (WJ-R). However, analysis of the data provided in Dr. Lachar's report indicate that your performance on the WJ-R fall in the average to superior range. Similarly, your performance on the Wechsler Adult Intelligence Scale-Third Edition (WAIS-III) falls within the average to superior range. While relative differences may exist in your scores, they are well within the range of average functioning and do not rise to the level of a substantial impairment. Indeed, our consultant points out that most people do not have evenly developed abilities and that the presence of variability among scores does not in itself indicate a disability.

Currently validated theories and research do not support using a discrepancy model as the sole basis of a diagnosis or rationale for accommodations. Professionally recognized diagnostic standards for a learning disability presume the existence of an underlying central nervous system dysfunction which is reflected in normative deficits in cognitive functioning and in related areas of academic functioning. The clinical data presented in your documentation do not demonstrate cognitive or academic deficits that substantially impair your ability to read and learn. Instead, your documentation indicates your performance on a range of cognitive and academic tasks is in the range of average to well above average.

Trenton Scheibe

Page 2

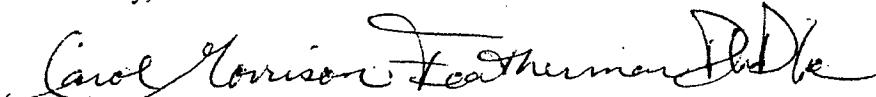
Learning difficulties of sufficient severity to substantially compromise reading and learning are generally recognized as being developmental in nature. Consequently, it is expected that chronic and pervasive difficulties with learning will emerge during childhood. Individuals with learning disabilities typically present a long history of academic difficulties and poor achievement dating back to elementary school. Additionally, the DSM-IV diagnostic criteria include the requirement that the disturbance "significantly interfere with academic achievement." While your documentation states that you are a slow reader and have difficulty with timed exams, you have not provided any original school records verifying childhood learning problems and accommodations for classroom instruction or on typical standardized achievement tests or other standardized examinations. Additionally, you have not submitted a personal statement describing your academic performance difficulties and your documentation does not provide an objective description of any current academic and functional problems that would rise to the level of a disability and substantially limit your access to USMLE.

The Americans with Disabilities Act covers individuals who have established the existence of a substantial impairment in one or more major life activities as the result of a disability.

Accommodations are intended to provide equal access to the USMLE testing program for individuals who are covered under the ADA. It would be contrary to the concept of fair and equal access embodied in the Americans with Disabilities Act to provide you with test accommodations since the information you provided does not demonstrate that you have a diagnosed disability that substantially impairs your ability to read and learn. Therefore, after a careful review of all of your documentation, I must inform you that we are unable to provide you with the requested accommodations.

We will advise Registration to process your exam application without test accommodations. You may inquire at usmlereg@nbme.org or call the Registration Department directly at 215-590-9700 with any questions about your scheduling permit.

Sincerely,



Carol Morrison Featherman, Ph.D.
Assistant Vice President, Examinee Support Services

CMF/sc

Section B: Nature of Disability

8. Indicate the nature of the disability and the year it was first professionally diagnosed (select all that apply):

Sensory Impairments:

Hearing Disability _____

Visual Disability _____

Learning Impairments:

Reading Disability _____ 2001

Writing Disability _____

Mathematics Disability _____

Other: _____

Language Impairments:

Receptive Language Disorder _____

Expressive Language Disorder _____

Mixed Receptive/Expressive Language Disorder _____

Other: _____

Medical Impairments:

Mobility/Motor _____

Diabetes/Thyroid Dysfunction _____

Epilepsy/Neurological _____

Other: _____

Mental Health /Executive Function Impairments:

Anxiety Disorder _____

Mood Disorder/ Depression _____

Attention Deficit Hyperactivity Disorder _____

Other: _____

Section C: Accommodations Information

10. What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the disability:

ADDITIONAL TESTING TIME - DOUBLE TIME

11. If you are requesting additional testing or break time, please indicate the amount of time requested (circle no more than one per Step).

STEP 1:

Additional Break Time over 1 day
 Additional Testing Time - Time and one-half
 Other (please specify): _____

Additional Break Time over 2 days
 Additional Testing Time - Double Time

(Continued on the next page)

STEP 2:

Additional Break Time over 2 days Additional Testing Time – Time and one-half
 Additional Testing Time – Double Time Other (please specify): _____

12. Do you require wheelchair access at the examination facility?

yes no

If you require an adjustable height table, please indicate the number of inches from the floor: _____

Section D: Accommodation History

13. Prior classroom or test accommodations that you have received:

A. Standardized Examinations yes no

Medical College Admission Test (MCAT):

Month/Year _____

Accommodation received _____

(If extra time, note amount given _____)

Other:

Month/Year _____

Accommodation received _____

(If extra time, note amount given _____)

B. Medical School yes no

Accommodation received DOUBLE TESTING TIME

Date Approved MARCH 2002

If yes, have an appropriate official at your medical school complete the Certification of Prior Test Accommodations form.

C. College yes no

If yes, accommodations received _____

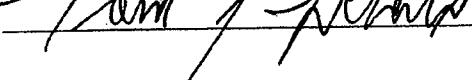
D. Secondary or elementary school yes no

If yes, accommodations received _____

(Over)

14. Authorization:

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in Section D of this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain any or all of the following: confirmation, clarification, and/or further information. I authorize such entities and professionals to provide NBME with all requested confirmation, clarification, and further information.

Signature: 

Date: 10/19/04

Mail your completed questionnaire and documents to:

Students / Graduates of US & Canadian Medical Schools
Testing Coordinator, Disability Services, National Board of Medical Examiners,
3750 Market Street, Philadelphia, PA 19104-3190.
215-590-9869

Students / Graduates of International Medical Schools
Test Accommodations Coordinator, Educational Commission for Foreign Medical Graduates
3624 Market Street, Philadelphia, PA 19104 USA.

Please keep a copy of your completed request form for your records.

**MARSHFIELD CLINIC/SAINT JOSEPH'S HOSPITAL
COMBINED MEDICAL RECORD
MARSHFIELD, WISCONSIN 54449**

MHN: 264213

Facility: Marshfield Center

Printed: 10/04/04

Patient: Trenton James Scheibe

Gender: Male Birthdate: 12/19/1968

At: 08:09

Clinic Correspondence (History)

Service: 08/13/2004

Fred W Theye PHD

*** COPY ***

RECEIVED

August 25, 2004

OCT 25 2004

Mr. Trenton James Scheibe
1529 N Peach Ave
Marshfield, WI 54449

Disability Services

Clinic Chart #264213

Dear Mr. Scheibe:

Thank you for allowing me to participate in your care.

Please find enclosed a copy of your Neuropsychology Report.

If you have any questions concerning the report, please feel free to contact me at the Clinic.

Sincerely yours,

Fred W. Theye, Ph.D., ABPP/CN
Neuroscience Department of Marshfield Clinic

FWT:rs

Enclosure

Electronically signed by Fred W Theye PHD on 09/17/2004.

**MARSHFIELD CLINIC/SAINT JOSEPH'S HOSPITAL
COMBINED MEDICAL RECORD
MARSHFIELD, WISCONSIN 54449**

MHN: 264213

Facility: Marshfield Center

Printed: 10/04/04

Patient: Trenton James Scheibe

At: 08:09

Gender: Male Birthdate: 12/19/1968

Clinic Office Note

Service: 08/13/2004

Fred W Theye PHD

*** COPY ***

This 35-year-old physician was self-referred to evaluate his difficulty with the USMLE (United States Medical Licensing Examination). It is his report that with the recent change to test being administered on computer, and the increasing length of the examination, he is not able to successfully complete the examination in the allotted time because of a previously diagnosed reading disorder.

The patient provided considerable collateral history. Two of these items are of significant interest:

- An assessment by the University of Texas Health Science Center in the fall of 2001. He was evaluated carefully by David Lachar, Ph.D., and felt to demonstrate clear evidence of a reading disorder in accordance with DSM-IV diagnostic code of 315.0. In his summary, Dr. Lachar noted that Mr. Scheibe did "relatively poor on tests of reading and oral language as compared to his concrete and abstract mathematic abilities and his nonverbal analytical abilities." He had particular difficulty with phonemic, perception and decoding. In addition, he has a history of discrepancy between verbal and mathematical scores on a standardized timed tests.

- He provided certification of prior test accommodations by the University of Texas-Houston Medical School of extended time. These accommodations were noted to be in place in March of 2002. The "double time" extension allowed for successful completion of this exam.

Despite these reports, we reviewed a letter from the National Board of Medical Examiners from March of 2003 denying his request for accommodations. This letter suggests that, "Although relative differences may exist in your scores, they are well within the average range of functioning and do not rise to the level of a substantial impairment. Indeed, our consultant points out that most people do not have evenly developed abilities and the presence of variability among scores does not in itself indicate a disability."

This note goes on to state the following: "While your documentation

**MARSHFIELD CLINIC/SAINT JOSEPH'S HOSPITAL
COMBINED MEDICAL RECORD
MARSHFIELD, WISCONSIN 54449**

MHN: 264213

Patient: Trenton James Scheibe
Clinic Office Note, Page 2

*** COPY ***

states you are a slow learner and had difficulty with timed exams, you have not provided any original school records verifying childhood learning problems and accommodations for classroom instruction or on typical standardized achievement tests or other standardized examinations. Additionally, you have not submitted a personal statement describing your academic performance difficulties and your documentation does not provide an objective description of any current academic or functional problems that would rise to the level of a disability and substantially limit your access to the USMLE."

As part of this examination, we did review the "childhood" standardized achievement tests of Mr. Scheibe. These examinations were all done while a student at the Marshfield Public Schools in Marshfield, Wisconsin.

- As a seventh grader, his performance on the Stanford Achievement Test shows reading comprehension at the 92nd percentile, math concepts at the 92nd percentile, math computation 99th percentile, math application 94th percentile, spelling 60th percentile, language 90th percentile, social studies 89th percentile, science 80th percentile. Total reading was at the 84th percentile, while total math was at the 99th percentile. From our perspective, it is interesting to note that spelling scores were certainly a notable "weakness" falling "only" at the 60th percentile. Additionally, there is a 15 percentile difference between "total reading" and "total math."

- In fact, we reviewed standardized achievement tests from first, second, and third grades. At that time, based on estimates of general intellectual functioning, a reasonable expectation would be that abilities would be at or above the 90th percentile. In first grade, reading was at the 72nd percentile, second grade 82nd percentile, and third grade at the 66th percentile. Clearly, the discrepancy between expected versus achieved levels of mastery existed from primary grades, and continued to be seen throughout his educational programming.

Review of the high school records also revealed that this was a gentleman who had a remarkable work ethic. He remained involved in many extracurricular activities. He was a productive high school student despite his difficulties with reading, and graduated sixth in his class of 261.

**MARSHFIELD CLINIC/SAINT JOSEPH'S HOSPITAL
COMBINED MEDICAL RECORD
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MHN: 264213

Patient: Trenton James Scheibe
Clinic Office Note, Page 3

*** COPY ***

He matriculated to Marquette University where he completed an undergraduate degree in Business Administration. He was then admitted to the law school at Marquette where he completed that program. He did not, however, successfully complete the bar exam despite three attempts. He then desired a career change, and entered School of Medicine at the University of Houston, Texas, in 1977.

At UT, he did well in basic science curriculum except for histology, neuroscience and pharmacology where he earned marginal performance grades. These were remediated to a passing level. He then entered his clinical medicine rotation, and he earned a high pass in this program. We reviewed notes from his clinical clerkships, and all noted outstanding work ethic, described him as attentive, reliable, competent, and well organized.

As a result of failing to pass the standardized board exam for the Internal Medicine Clerkship, he was asked to repeat his third year of clerkship in its entirety. He was granted double testing time on the final examination- per a note from Dr. Mercer dated 12/19/01-and with this accommodation successfully passed the examination.

The patient reports that throughout his educational career, he has developed a number of compensatory strategies to accommodate his self-reported "slow reading rate." For example, with pencil and paper tasks he was able to read, underline and make notes in margins, which allowed him to complete the examination. He is not able to use these adaptive strategies, of course, now that the test is computer-based. He notes significant eye strain when looking at a computer for eight hours. He notes the vignettes have increased in length with no corresponding increase in additional time to complete the examination.

The patient also reports a family history of language-based learning disabilities as well as ADHD. Per his report, his brother has been identified as having an exceptional educational need.

NEUROPSYCHOLOGICAL EXAM: This is a pleasant gentleman who presented on time. His speech is clear and linear. He is well-oriented. It is felt that he was able to provide us with a very reliable and valid neuropsychologic profile.

We did not readminister tests of general intellectual functioning. The patient's history has a number of instances where his general intellectual skills have been measured, and they have consistently

**MARSHFIELD CLINIC/SAINT JOSEPH'S HOSPITAL
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Patient: Trenton James Scheibe
Clinic Office Note, Page 4

*** COPY ***

demonstrated overall abilities near the 90th percentile.

We did an examination of his reading skills on several measures.

On the Woodcock-Johnson Achievement Test-III, his scores were as follows:

TEST	PERCENTILE	GRADE EQUIVALENT
Letter-Word Identification	63	>18.0
Reading Fluency	54	11.9
Math Fluency	80	>18.0
Spelling	84	>18.0
Writing Fluency	95	>18.0
Passage Comprehension	85	>18.0

This profile is remarkable for a measure of difficulties with reading fluency - relative to his other domains. As can be seen, reading fluency was "only" at the 54th percentile, which would translate into a grade equivalent performance of a high school junior. In sharp contrast, all other measures were at or above the 80th percentile, and consistent with estimates of general intellectual functioning.

He was also given the WIAT-II to measure single word recognition, reading comprehension and reading speed.

TEST	STANDARD SCORE	PERCENTILE
Word Reading	111	77
Reading Comprehension	114	82
Reading Speed	2nd quartile	

The results from the Woodcock-Johnson and WIAT are concordant with those obtained from the Nelson-Denny Test administered at the University of Texas. His reading rate, on that instrument, yields a standard score of 88, which would place him below the 34th percentile.

We also attempted to assess the eidetic versus the phonetic components to the reading process utilizing the Boder Test of Reading-Spelling Patterns. Unfortunately, we were not able to establish enough words outside of his single word recognition skills to provide a valid assessment.

IMPRESSIONS: This is a 35-year-old gentleman who has completed

**MARSHFIELD CLINIC/SAINT JOSEPH'S HOSPITAL
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MHN: 264213

Patient: Trenton James Scheibe
Clinic Office Note, Page 5

*** COPY ***

medical school. He was self-referred to evaluate prior history of a reading disorder. We conducted an extensive review of his academic history and results of neuropsychologic evaluation conducted in 2001. Today's findings are consistent with previous findings that he does meet full diagnostic criteria for a reading disorder (315.0) in that his reading achievement, specifically speed, reflected by individually administered tests, falls substantially below that expected for his measured intelligence and age appropriate education. This disorder did interfere with academic achievements; in fact, he was accommodated by additional time on testing for the last two years of medical school training. A careful review of his achievement tests while in elementary school continued to show the discrepancy between skills in reading as reflected by group achievement tests and between skills and measures of general intellectual functioning.

RECOMMENDATIONS: Results were reviewed with Mr. Scheibe. I indicated to him that I felt, to a reasonable degree of neuropsychological certainty, his reading disorder should be accommodated under the Americans with Disabilities Act. It is reasonable to conclude, based of all the test results and review of his academic history, that his reading disorder has significantly interfered with both his academic and professional achievement.

His reading disorder is a significant impairment and will likely have a profound impact on his successful completion of time exams. This is especially true for exams entailing significant amount of reading like that found in the USMLE. Therefore, it is my professional opinion that in light of the fact that the USMLE is given on computer, and therefore does not allow for the use of adaptive strategies he has developed over the course of his academic life (e.g. underlining, notetaking, outlining), that double time to take the test is a reasonable accomodation request as per the Americans with Disabilities Act.

The patient asked for a copy of this report, and will submit it for consideration to the National Board of Medical Examiners.

TOTAL TIME: Includes time reviewing the chart and histories, neurobehavioral questionnaires, testing and scoring, exit interview, dictation and collateral contacts: 3 hours.

DIAGNOSIS:

1. Reading disorder.

**MARSHFIELD CLINIC/SAINT JOSEPH'S HOSPITAL
COMBINED MEDICAL RECORD
MARSHFIELD, WISCONSIN 54449**

MHN: 264213

Patient: Trenton James Scheibe
Clinic Office Note, Page 6

*** COPY ***

Fred W. Theye, Ph.D./rs
Department of Clinical Neuropsychology

CC: Mr. Trenton James Scheibe
1529 N Peach Ave
Marshfield, WI 54449

Dictated 8/23/2004

Created 8/25/2004

Electronically signed by Fred W Theye PHD on 09/17/2004.

October 19, 2004

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

RECEIVED

OCT 25 2004

RE: USMLE STEP 2 Clinical Knowledge – 2004
Request for Accommodation

Disability Services

Dear National Board of Medical Examiners,

I am writing this letter in support of my request for accommodation on the United States Medical Licensing Examination (USMLE) Step 2 Clinical Knowledge exam. Based on the enclosed documentation and in accordance with the Americans with Disabilities Act, I believe my professionally diagnosed "reading disorder" supports an accommodation of "double time" on the exam.

In addition to childhood test results, transcripts, and two independent sets of professionally administered testing results, this letter is submitted as a personal testament of my disorder and its effects on my academic and professional achievement and advancement.

First and foremost, I have always been aware that I was a very slow reader. I was never "professionally" diagnosed until much later in life, but from an early age I easily recognized that it took me longer to read passages in the classroom than other students. In elementary school the teacher would have the class read silently to ourselves, and then would ask, "Who needs more time?" I was undoubtedly one to always raise my hand for more time. Consequently, because I am an individual who always strives to do my best, I attempted to push myself to read faster, but I found that the faster I read, the less I remembered. When called on in class to answer questions about a reading passage, I would get many of the questions wrong. As a result, I tended to avoid answering questions about reading passages while in class. Also, I tried to circumvent the problem by working harder and reading ahead in workbooks at home so that I would be familiar with the material when we would read it in the classroom.

When I started taking standardized tests in grade school at the end of the academic year, I vividly remember not completing the tests. I especially had difficulty with parts of the exam which entailed reading long passages and answering content related questions about the passage, for example, deciding what an appropriate title of the passage would be. Often I had to read passages several times. With my frustrations of not finishing these exams, especially in light of comments by my classmates that they had no problems finishing the exams, I quickly made adaptations to my reading and test taking skills to try and improve my reading speed and comprehension in testing situations.

I first started by using my finger or pencil to track sentences as I read. Then I incorporated underlining, circling, note taking and outlining into my strategies. With these adaptive strategies I could review the passage before answering a question. This saved me the time of having to reread the entire paragraph word for word. Of course, as I progressed in school, I learned about other test taking strategies from books and teachers such as reading the first and last sentence of a paragraph first to get an idea of the paragraph's content, reading the question stem and answers to direct my attention to key concepts, etc. When I was a freshman in high school I even attempted a speed reading course at the local Technical College to help me with my reading speed and comprehension. As my homework load increased and my spare time decreased due to my involvement in many extracurricular activities, I was hoping the speed reading course would help me to more efficiently use my time. However, the course only served to frustrate me more due to my inability to actually increase my reading speed, and it made me more aware and self conscious of my slow reading speed.

Through hard work and determination to succeed, I developed these strategies on my own. No one ever knew about my reading disorder and for the most part, I kept it a secret, aside from an occasional stray comment from myself that I did not have enough time to finish a test or that I was not finished reading a passage or text when others were simultaneously reading the same text. For the most part, the combination of my hard work and my adaptive strategies worked to my benefit throughout grade school, middle school, high school and college and through my career right into medical school. I was able to compensate for my reading disorder, that is, as long as I had enough time and the right resources to implement them.

However, now I find myself in a situation where all of my adaptive skills and strategies to overcome my reading disorder have been removed and other obstacles have been added to complicate matters. First, the USMLE is now on computer, so my ability to underline, circle, note take and outline is no longer possible. Second, the exam is at least eight hours long, and I find my eyes become very fatigued staring at the computer screen for this length of time. This fatigue compounds my problems because my reading speed slows even more and my comprehension declines. Additionally, with the test's approach of using longer and longer clinical vignettes, it is generally not possible for me to read a passage just once to answer a question. I almost always have to read every passage and question twice, and even then, by not being able to underline or circle, my comprehension is still limited by the time I attempt to answer the question. This, of course, adds to the amount of time I need to answer each question, time which the USMLE, as it is currently administered, does not allow for.

Throughout my education and work experience, I have generally been able to adapt my strategies to compensate for my reading disorder to an extent that allowed me to continue my success and to advance in my education and career. That is, however, until I graduated from law school and was faced with the insurmountable task of passing the Texas bar exam.

As with the USMLE, I believe my difficulties with the Texas bar exam are directly correlated to my reading disorder. Like the USMLE, the Texas bar exam is a standardized exam with questions presented in lengthy vignette format. Also, similar to my success in medical school, yet failure with the USMLE, I was very well prepared for the bar exam, yet was unable to pass the exam on three separate occasions. The similarities with my success with law school courses as well as with medical school courses in conjunction with my inability to pass either vignette style exam are obviously directly correlated to my reading disorder.

I believe my educational and test taking history in conjunction with the professional testing I have undertaken, clearly show that I suffer from a significant impairment when confronted with standardized exams with severe time constraints and information presented in a vignette format requiring significant amounts of reading. Though I am intelligent and well educated, my disorder is clearly exposed when confronted by the USMLE, and therefore, is a major limitation in my professional advancement. Currently, my disorder has prevented me from becoming licensed as an attorney, and has now delayed my medical training by at least three years. Additionally, due to state requirements for licensure and limitations regarding the number of attempts an individual can make on each step, I am now no longer eligible to practice medicine in several states. And, without the appropriate accommodation, future unsuccessful attempts will add more states to the list of places I am not eligible to practice medicine.

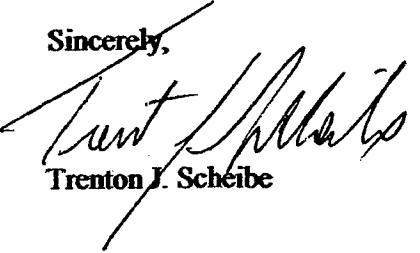
Although not as evident early on in my academic history, my disorder became a very evident problem in medical school as I reached my clinical rotation years. At the end of each rotation, a Board of Medical Examiners produced standardized test was given. These tests had two hour time constraints. My scores on the tests were consistently at the bottom of the class. Yet, my clinical skills assessments, which included an assessment of my medical knowledge base, were consistently near the top of the class. Thus, though I performed poorly on these standardized tests, I generally met the minimum requirements necessary to advance to the next level in medical school. That is, however, until my Internal Medicine rotation.

During my three months of Internal Medicine, I performed very well and received high marks. On the board exam, however, I scored below passing. Upon completing a remedial month of Internal Medicine, I retook the two hour standardized exam and again scored below passing. As a result of failing the exam a second time, I received a failing grade in the course, and I had to repeat all three months of the clerkship. At that time, I informed my Dean and Professors of my difficulty with successfully finishing the tests due to my slow reading and lack of enough time to properly finish the exam. After reviewing the big discrepancy in my test scores and clinical assessments, the Dean suggested professional testing, and a "reading disorder" was professionally diagnosed for the first time. As a result, the medical school granted me "double time" accommodation to take the Internal Medicine exam, and I finished the exam and scored a passing mark.

Without accommodation, the time constraints and individual question length on the USMLE Step 2 is an impossible hurdle for me to overcome. In light of this exam format

and in conjunction with my reading disorder, I contend that I meet the ADA definition of "significant impairment." The current time allotments of the exam and media on which it is administered are just simply too extreme an obstacle for me to overcome given my reading disorder. All I am asking for is "equal" access to the exam. I am simply requesting an opportunity to fairly prove I have the qualifications to move forward with my training. The enclosed documentation supports my request. As a result, I request accommodation of "double time" on the USMLE Step 2 Clinical Knowledge exam under the Americans with Disabilities Act.

~~Sincerely,~~


Trenton J. Scheibe